

Hannah Abernathy										
Town		County		MARYLAND						
Died at		Fairview, Garrett								
Date 19	08	Month	Feb.	Day	4	Y.	M.	D.	Native of	
						84	11	14	West Va	Occupation
Male	Female	White	Black	Married	Single	Widow	Widower	Divorced		
									Number of children living	
Wife		of James W. Abernathy								
Father's Name		Aquill Sharpless		Mother's Maiden Name		Sarah Titchineel				
Cause of Death		Primary		Paralysis		66	✓	How long sick		
		Immediate					✓	14 days		
Reported by		Isaac W. Abernathy Minister								
Address		Wilson, W. Va.								

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Anna Boyer

CERTIFICATE OF DEATH

Died at <u>Accident</u>		Town <u>Garrett</u>	County <u>Garrett</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>11</u>	Age <u>57</u> Years	Months <u>1</u>	Days <u>7</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>accident</u>			
Occupation <u>House keeper</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>John Boyer</u>			Father's Birthplace <u>Saint Louis</u>		
Mother's Maiden Name <u>Saint Louis</u>			Mother's Birthplace <u>Saint Louis</u>		
Name of person giving Information <u>David Billings</u>			How related to deceased <u>Brother-in-law</u>		

CAUSES OF DEATH

179

How long

How long

Primary

Unknown - Found dead

Immediate

Jury verdict natural cause

Are the name, age, sex, color, date and place correctly given above?

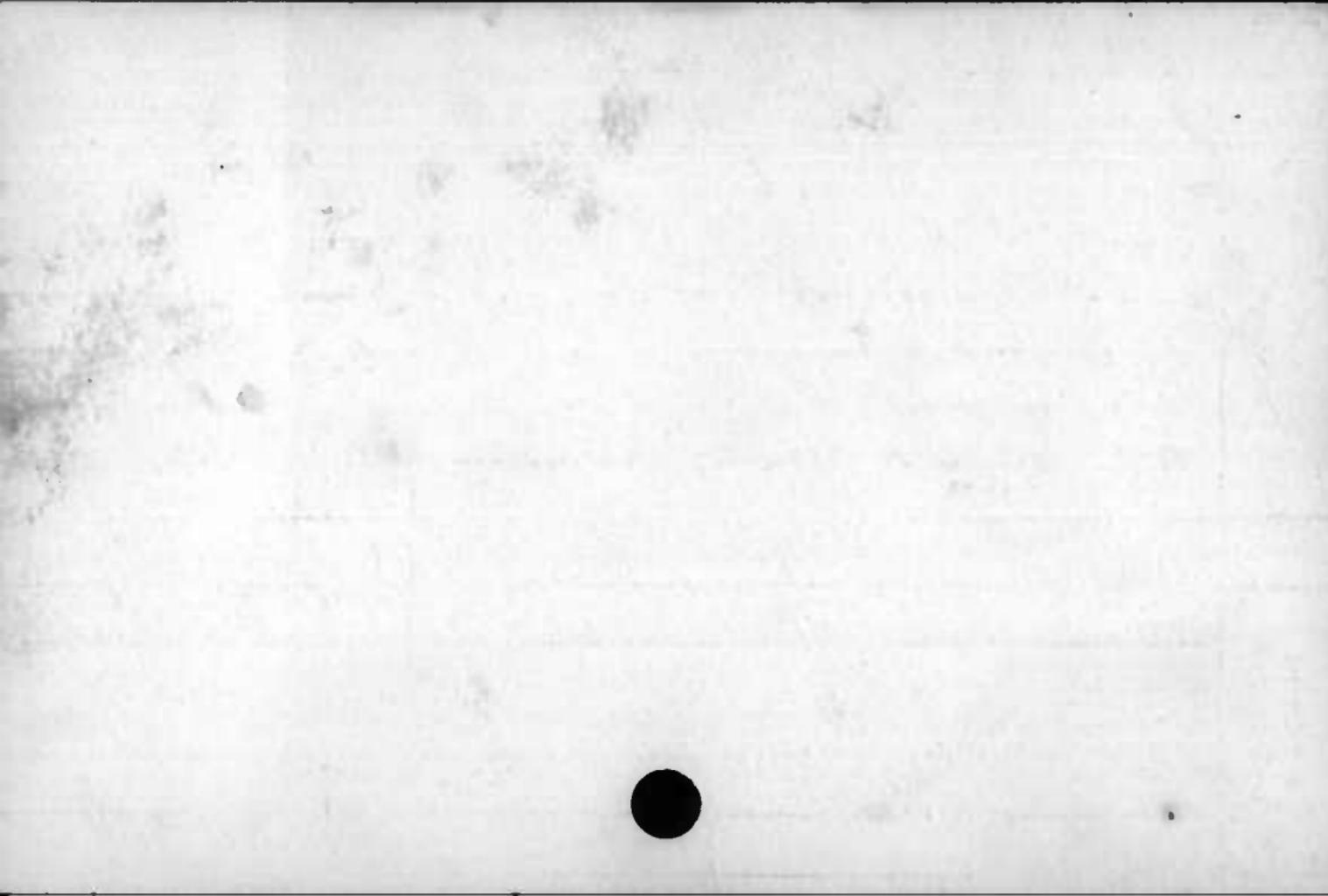
yes

Signature of Physician

Address

J. R. Boyer M.D.
Accident M.D.

Accident or Suicide?



Name
in
Full

Ida Bittinger
residence & buried

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	41	9	13
Occupation	Domestic			Where Residing if not at place of death		
Married, Single or Widowed	Married			Name of Wife or Husband		
Father's Name	Samuel Custer			Father's Birthplace		
Mother's Maiden Name	Lydia Dierot			Mother's Birthplace		
Name of person giving information	David Bittinger			How related to deceased		

CAUSES OF DEATH

10

How long

8 days

How long

2 days

PHYSICIAN
OR CORONER

Primary

Logriss

Immediate

Labor Pneumonia

Are the name, age, sex, color, date and place correctly given above?

yes -

Signature of Physician

Address

H.R. Bayer MD

accident MD

11

Accident or Suicide?

Name
in
Full

Bobby Britt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			F	
Married, Single or Widowed	Name of Wife or Husband			F	
Father's Name	Louis Britt			Father's Birthplace	West Va.
Mother's Maiden Name	Piper			Mother's Birthplace	West Va.
Name of person giving information	Louis Britt			How related to deceased	Father

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary

Suffocation (found dead in bed)

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

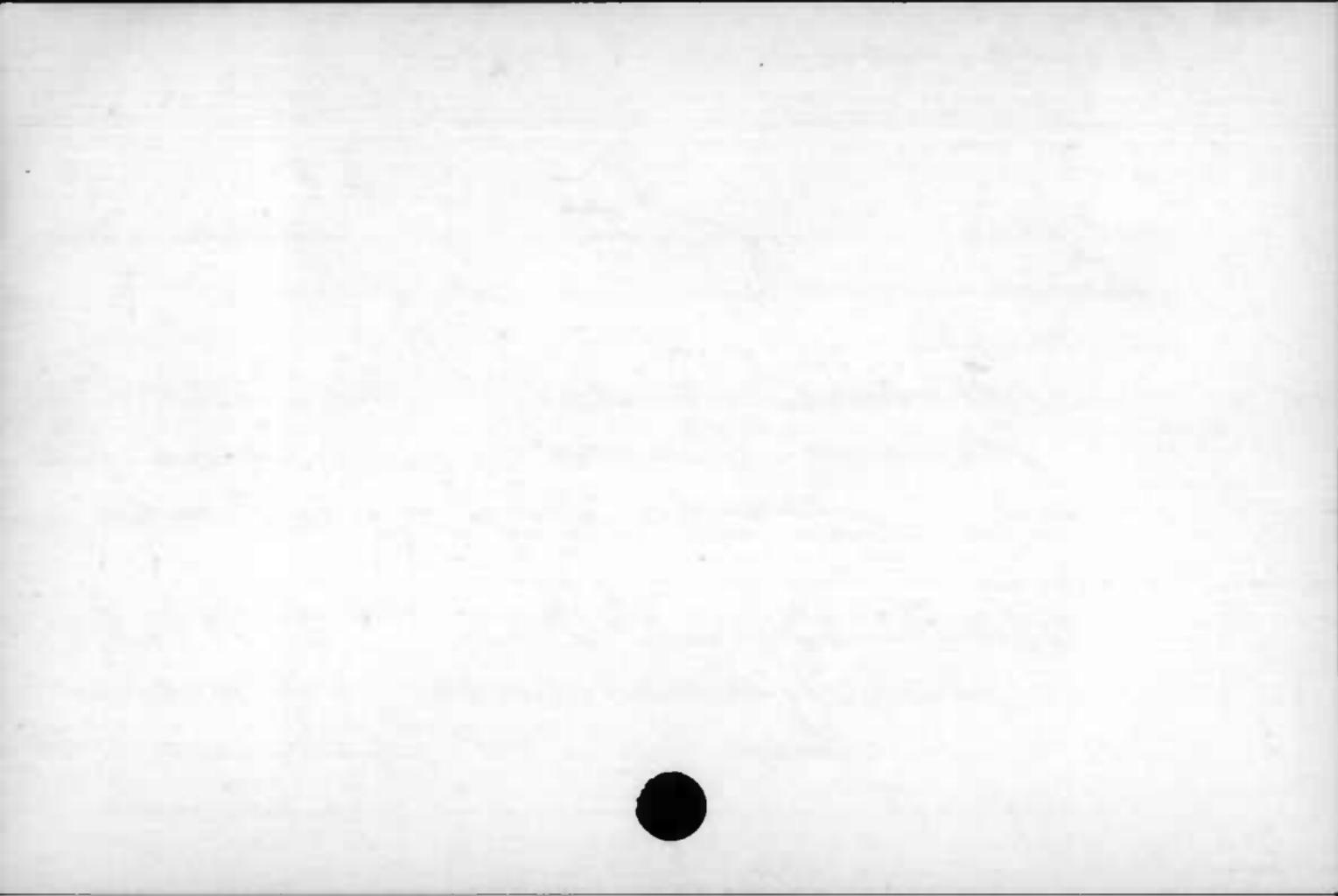
Signature of Physician

Address

J. E. Egge, M.D.
Oakland, Md.

H

Accident or Suicide?



Name
in
Full

Thomas William Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	1908	Month FEB.	Day 1	Age 17	Years 8	Months 8	Days 17
Sex	Male	Color or Race	White	Birth-place	Carroll, Pa.		
Occupation	Lumberman						
Married, Single or Widowed	Single	Name of Wife or Husband	Where Residing if not at place of death				
Father's Name	Michael Carroll		Father's Birthplace	Carroll Pa			
Mother's Maiden Name	Minnie Baker		Mother's Birthplace	Carroll Pa.			
Name of person giving Information	Joseph Kipp		How related to deceased	Son			

CAUSES OF DEATH

27

Primary

Acute Bronchitis

How long

4 weeks

Immediate

Acute Miliary Tuberculosis

How long

4 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. J. Poliissau

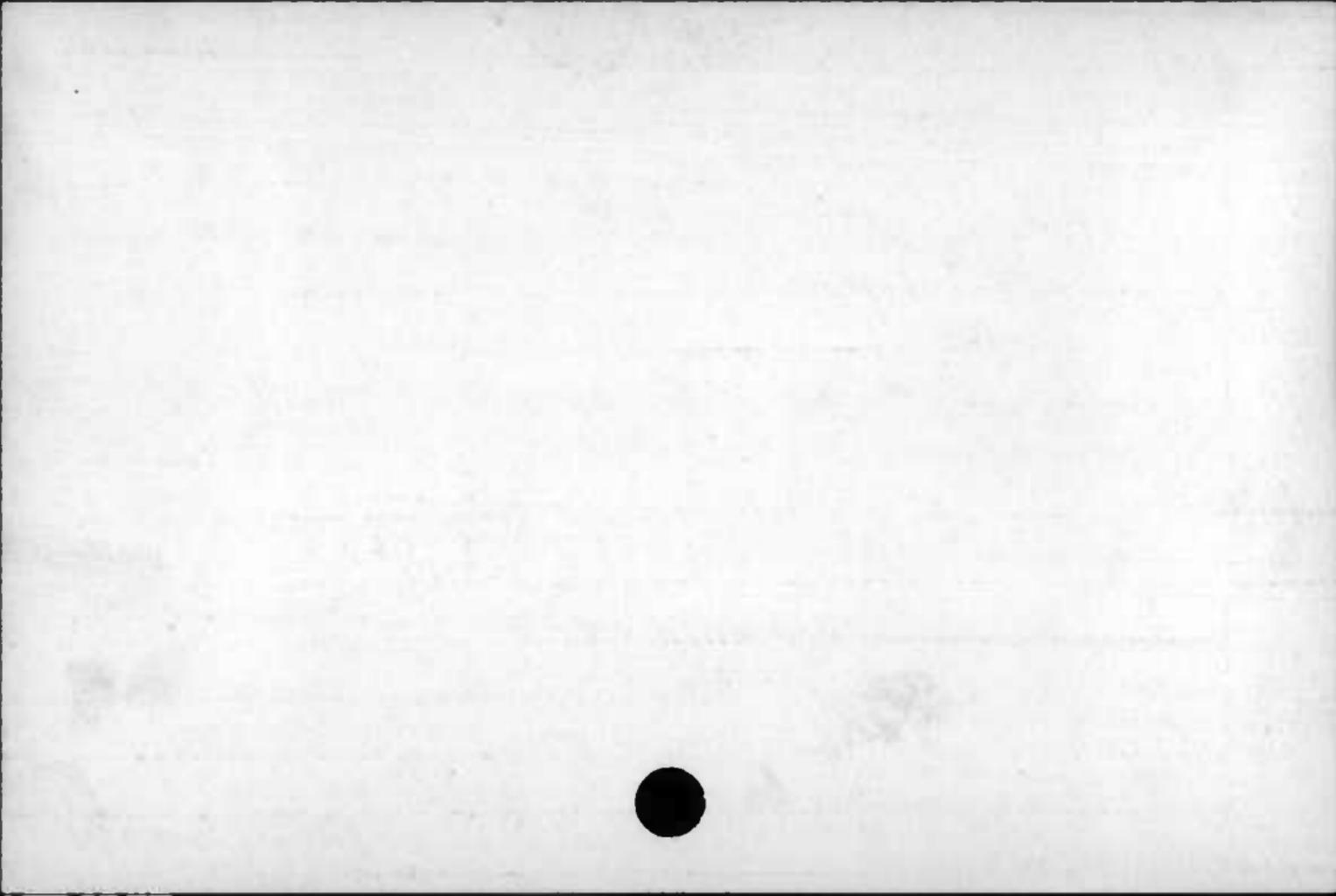
Charterville

Md.

PHYSICIAN
OR CORONER



Accident or Suicide?



CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	Feb	9	50			
Sex	Male	Color or Race	White	Birth-place	England	
Occupation	Coal miner					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Dont know					
Mother's Maiden Name	" "					
Name of person giving information	John William					

CAUSES OF DEATH

154

Primary

Severely

How long

Dont know

Immediate

Exhaustion

How long

Dont know

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Acil Gloftly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	7 14		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Ges. Gloftly		Father's Birthplace	McHenry Md	
Mother's Maiden Name	Hattie Cowdornill		Mother's Birthplace	McHenry Md	
Name of person giving information	Ges. Gloftly		How related to deceased	Mother	

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary	Measles	How long	2 weeks
Immediate	Bright's disease	How long	1 week
Are the name, age, sex, color, race and place correctly given above?		Signature of Physician	H R Boyer
		Address	Adelaid Md
Accident or Suicide?			



Name
in
Full

Dufont Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Kenly Farm</u> Town		<u>Garrett</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>14</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u> Days <u>2</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Garrett Co -</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Alonzo Green</u>	Father's Birthplace <u>Garrett Co -</u>				
Mother's Maiden Name <u>Elizabeth Cutler</u>	Mother's Birthplace <u>Garrett Co -</u>				
Name of person giving Information <u>Alonzo Green</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

151

How long

PHYSICIAN
OR CORONER

Primary Icterus - developing soon after birth

How long

Immediate Icterus

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

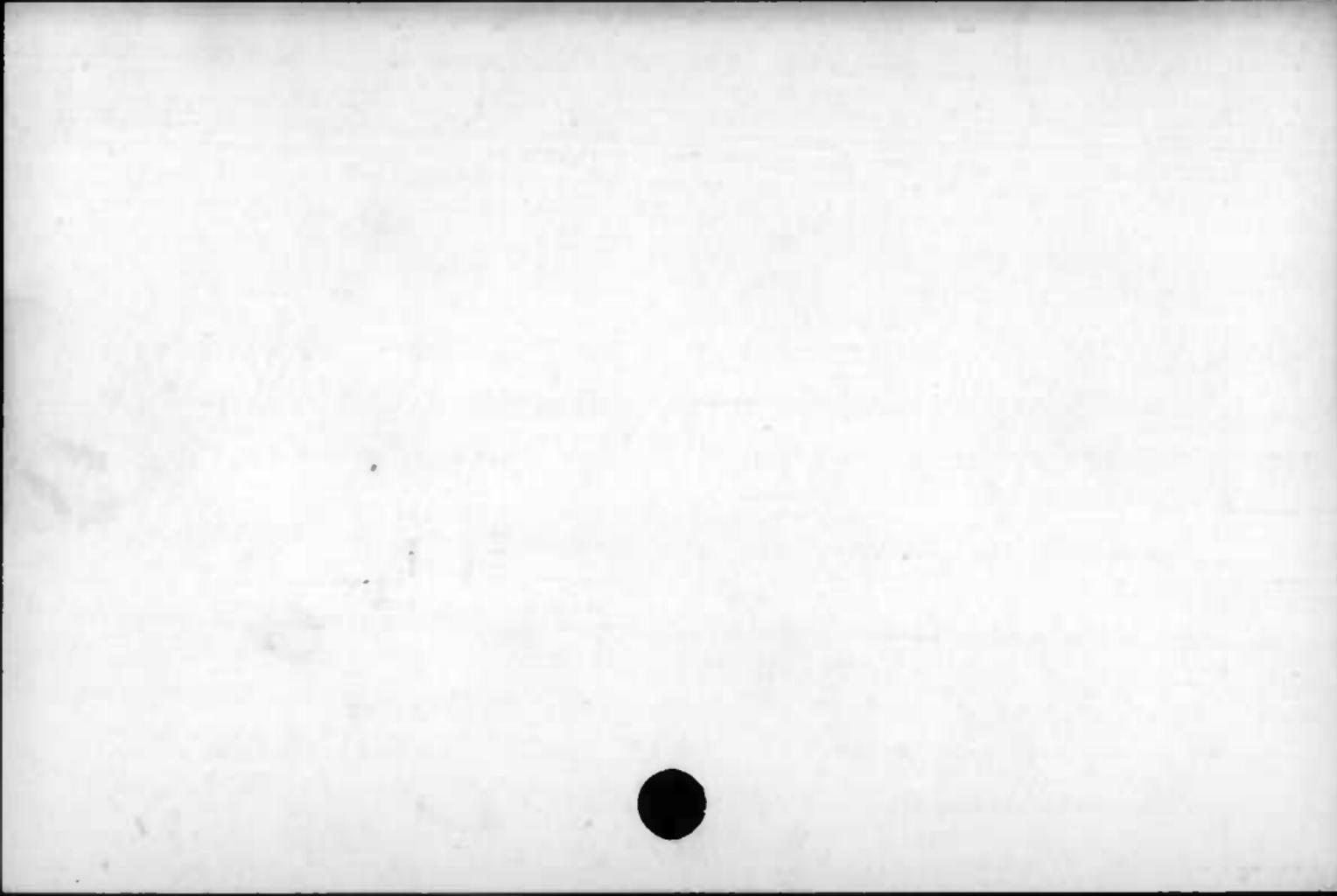
Address

James O. Bullock, M.D.
Frederick, Md.



Accident or Suicide?

no



CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
near Mc. Henry			Garrett			
Date of death	Month	Day	Years	Age	Months	Days
1908	Feb	8	80	80	9	27
Sex	Male		Color or Race	White	Birth-place	W. Va
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Widower	Name of Wife or Husband		Anne Kitzmiller		
Father's Name	Jasper Kitzmiller		W. Va			
Mother's Maiden Name	Mollie Ward		W. Va			
Name of person giving information	W. Mattingley		How related to deceased Step Son			
CAUSES OF DEATH						
Primary	170					
Probably cramps in bowels						How long
Immediate	2 days					
Are the name, age, sex, color, date and place correctly given above?			H.R. Bayer M.D.			
Yes			Address Accident M.D.			

Accident or Suicide?

Kitzmiller farm

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H.

Died at near Hoyes		Town		County Garrett		MARYLAND	
Date of death 1908	Month Feb	Day 13	Age	Years		Months 6	Days
Sex Male	Color or Race White		Birth- place Maryland				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed Single	Name of Wife or Husband						
Father's Name Amos Lewis	Father's Birthplace Md						
Mother's Maiden Name Catharine Spitzer	Mother's Birthplace Md						
Name of person giving Information Gilbert Enlow	How related to deceased now relation						

CAUSES OF DEATH

179

How long

How long

Primary
The Parents claim the child had been sick ever since
it was born. They had no Physician and did not know
the disease it died of

At the name, age, sex, color, date
of birth, county, given bySignature of
Physician

Address

Accident or Suicide?

W. H. Seiden

Sebolt cemetery

Name
in
Full

Isaac Mayee

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>death</u>		Town <u>Garrett</u>	County <u>Garrett</u>	MARYLAND		
Date of death <u>1908</u>	Month <u>2</u>	Day <u>15</u>	Years <u>86</u>	Months	Days	
Sex <u>Male</u>	Color or Race <u>Indian</u>				Birth-place <u>Md</u>	
Occupation <u>Farmer</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Sarah Mayee</u>				Father's Birthplace <u>Joanoke Va</u>	
Father's Name <u>Wilbur Mayee</u>				Mother's Birthplace <u>W. Virginia</u>		
Mother's Maiden Name <u>Murphy</u>				How related to deceased <u>Great-Nephew</u>		
Name of person giving information <u>John W. Ellsworth</u>						

CAUSES OF DEATH

66

Primary

Senility

Immediate

Paroxysm

How long

Several Years

How long

Two hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

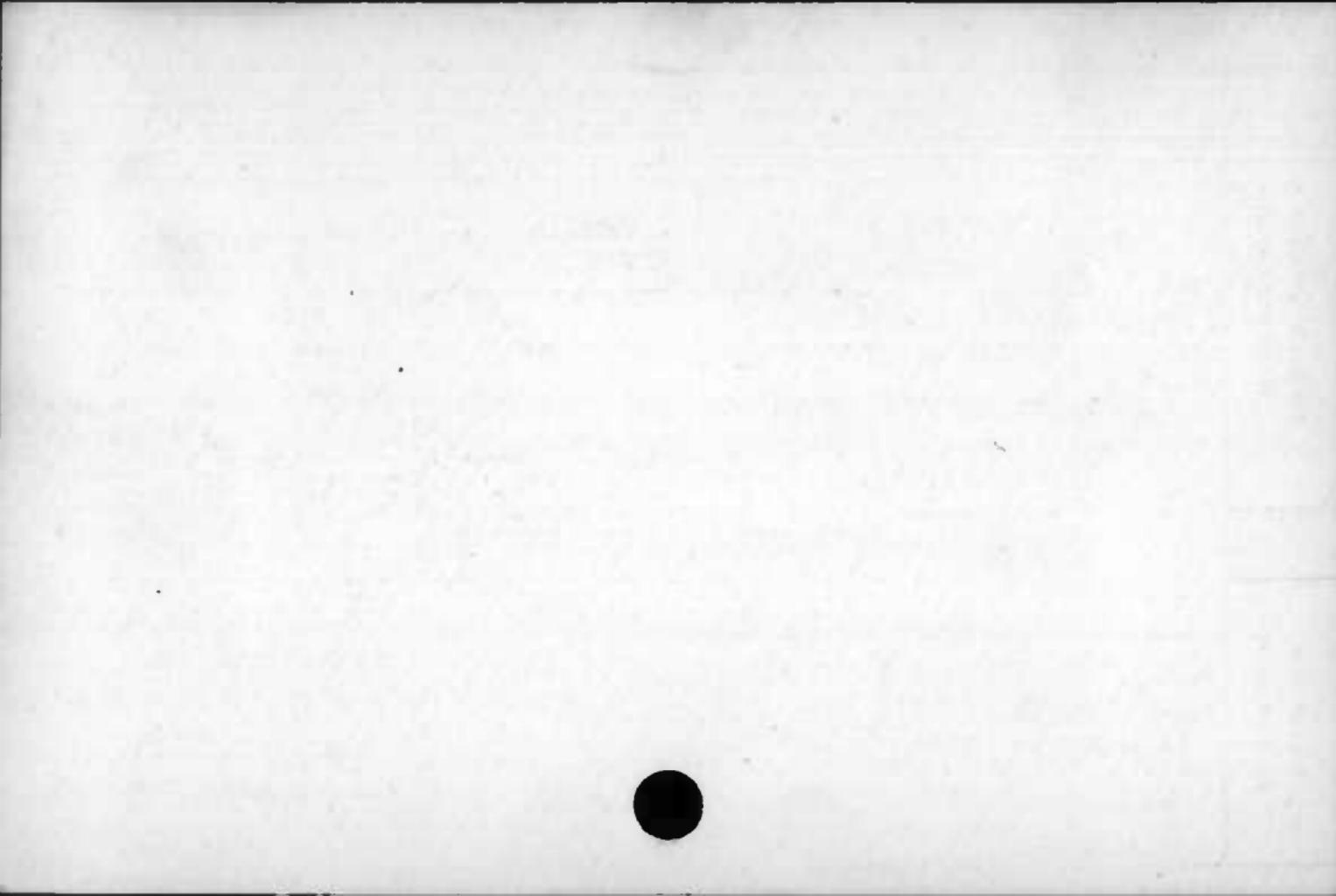
Address

Two physicians

Elkay & N. O.

Garland Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	190	Month	Day	Years	Months	Days	
				Age			
Sex	Male	Color or Race		Birth-place			
Occupation	coal miner	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah J. Upfold				
Father's Name	Franklin D. Upfold					Father's Birthplace	don't know
Mother's Maiden Name	Martha Kelley					Mother's Birthplace	Md
Name of person giving information	Sarah J. Upfold					How related to deceased	Wife

Fall & struck in mine
causing his dying

CAUSES OF DEATH

166

How long

Primary

Injury

2 wks

Immediate

Heart Failure; Traumatic vertebra

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. J. Mason MD
Frederickville
Md

Accident or Suicide?

Blooming Rose

Name
in
Full

Dantha M. Garrison

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

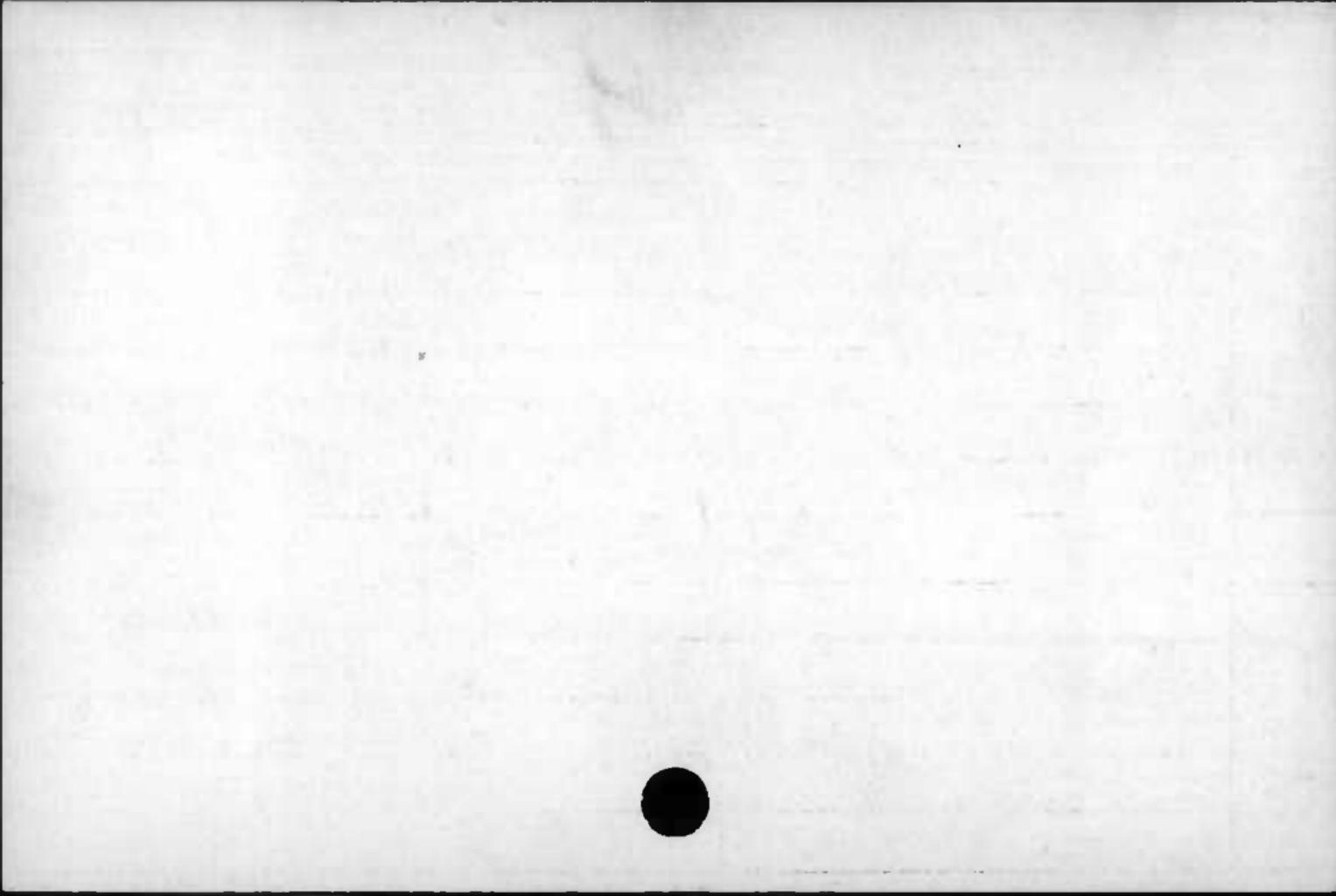
Town	County		MARYLAND		
Died at	Garrett				
Date of death	1908	Month	Day	Years	Months
	9	4	10	65	11
Sex	Female	Color or Race	White	Birth-place	New Germany Md
Occupation	Housewife		Where Residing If not at place of death	New Germany Md	
Married, Single or Widowed	Married	Name of Wife or Husband	Ashford Garrison		
Father's Name	Samuel Brown		Father's Birthplace	Wayne Md	
Mother's Maiden Name	Mary Michaels		Mother's Birthplace	New Germany Md	
Name of person giving Information	Wiley Bowers		How related to deceased	none.	

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary	Paraly sis. Autophagia in brain		How long	7 days
Immediate	- Complete Paralysis		How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		H. S. Robinson	
	Address		Grantsville Md.	
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

James Weir				CERTIFICATE OF DEATH			
Died at #11 Street		Town		County Garrett		MARYLAND	
Date of death 1908	Month 10	Day 13	Age 67 (67)	Years	Months 10	Days 28	
Sex Male	Color or Race White	Birthplace Scotland					
Occupation Farmer	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife & Husband Annie M. Miller						
Father's Name Alexander Weir	Father's Birthplace Scotland						
Mother's Maiden Name Jane Lamb	Mother's Birthplace Scotland						
Name of person giving information Hugh Weir	How related to deceased Son						

CAUSES OF DEATH

10

How long

30 years

How long

45 days -

PHYSICIAN
OR CORONER

Primary

valvular disease of heart

Immediate

decomp - heart failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

James O' Brollob M.D.

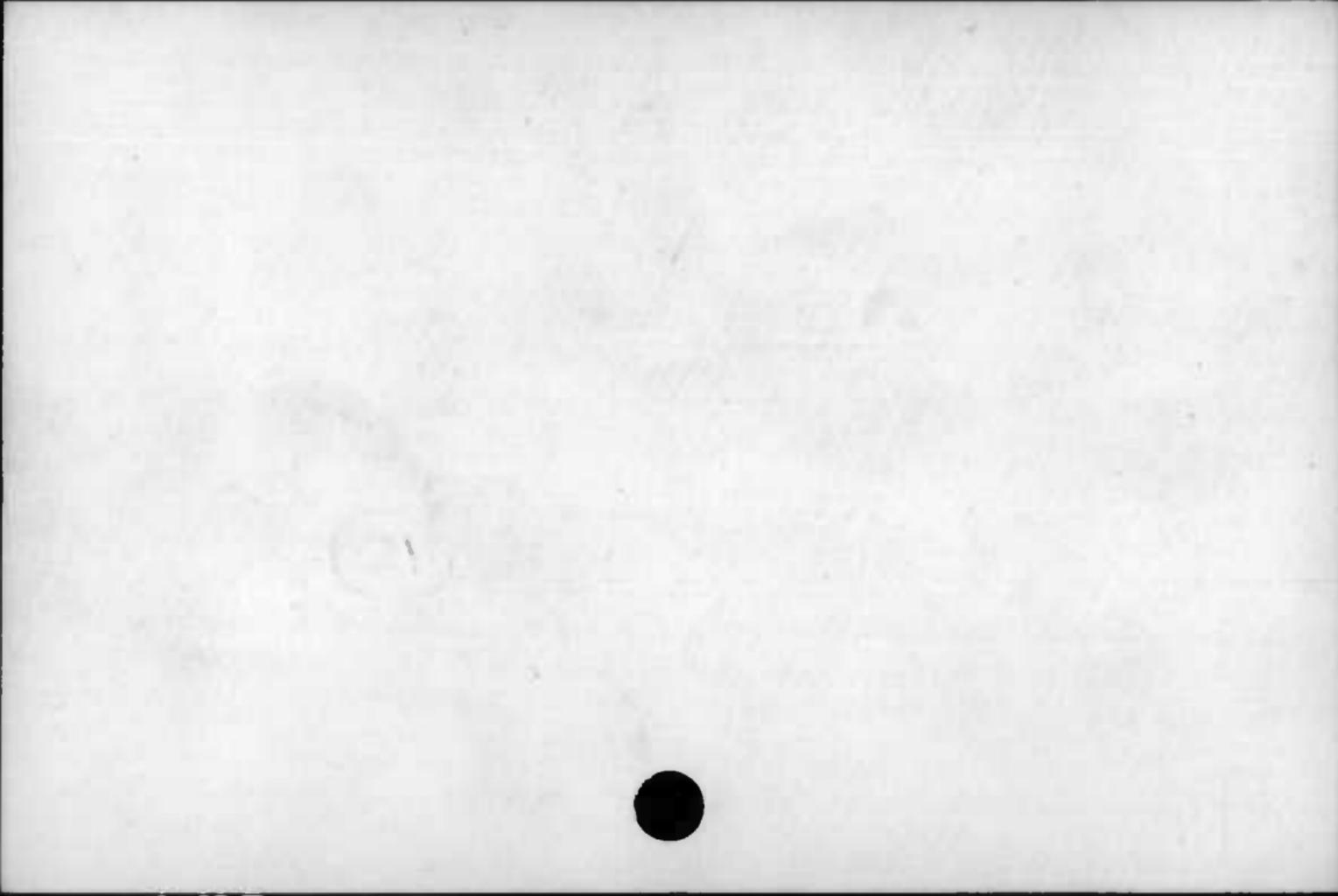
Address

Macierung

Marbury

Accident or Suicide?

no



Name
in
Full

Laura E. Winterbury

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1908	Sept	6	33	11	24	
Sex	Female	Color or Race	White	Birth-place	Elk Lick Pa	
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Granville Md				
Married	William Winterbury					
Father's Name	Samuel Locket					Father's Birthplace
Mother's Maiden Name	Ellen Ketchman					Mother's Birthplace
Name of person giving information						How related to deceased

CAUSES OF DEATH

10

How long

2 week's

How long

2 day's

PHYSICIAN
OR CORONER

Primary

Lagrippe

Immediate

H. T. Postlethwait
Granville
Md

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

